

P99000029305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

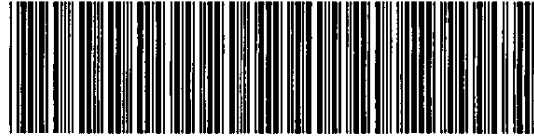
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

SUBJECT: Solutions Business Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P99000029305

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Duane A. Hinz
(Name of Person)
Solutions Business Services, Inc.
(Name of Firm/Company)
3411 North Highway 19A
(Address)
Mount Dora, FL 32757
(City/State and Zip Code)

For further information concerning this matter, please call:

Duane A. Hinz at (352) 385-1501
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

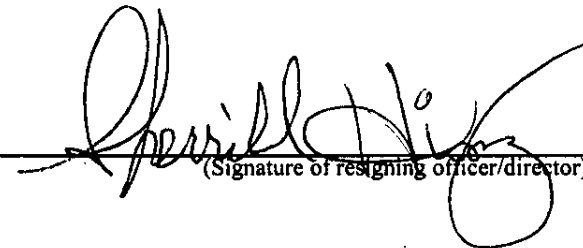
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sherrill D. Hinz, hereby resign as Treasurer
(Title)

of Solutions Business Services, Inc.
(Name of Corporation)

P99000029305, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA